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notifications.	a one) (u) spee)	5 w vo	osponaono a		(0)	
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address) Bayer HealthCare LLC 400 Morgan Lane West Haven, CT 06516					Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.		
							(Signature) (Date)
APPLICATION NO.	FILING DATE		FIRST NAM	IED INVENT	OR	ATTORNEY DOCKE	
10/521,540	July 11, 2005			Achim Feurer		LeA 36 009 [69042(303989)	9336
TITLE OF INVENTION: 4-AMINO-SUBSTITUTED PYRIMIDINE DERIVATIVES							
APPLN, TYPE	PE SMALL ENTITY		ISSUE FEE		ATION FEE	TOTAL FEE(S) DU	E DATE DUE
Patent	no	\$1,440	0.00	\$30	00.00	\$1,740.00	06/12/2008
EXAM	INER	ER ART UI		CLASS-SUBCLASS			
Rao, Deepak R.		162	1624 514-2		256000		
1. Change of correspond Address" (37 CFR 1.36) X Change of corr Correspondence "Fee Address" ir form PTO/SB/4" Use of a Custom	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. 1 Edwards Angell Palmer & Dodge LLP 2 Barry Kramer 3 Ralph A. Loren						
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) BAYER HEALTHCARE AG LEVERKUSEN, GERMANY Please check the appropriate assignee category or categories (will not be printed on the patent): Individual X Corporation or other private group entity Government							
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5. Change in Entity Status (from status indicated above) a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).							
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Authorized Signature //Gabriel J. McCool/				···		Date	June 11, 2008
Typed or printed name Gabriel J.						Registration No	58,423